

Wichita Falls – Wichita County Public Health District

Private Pay Fee Schedule

- ☐ I agree to pay \$13.00 for the **Tuberculosis Skin Test**
- ☐ I agree to pay \$49.00 for the **Hepatitis A** vaccine (**Hep A**)*
- ☐ I agree to pay \$55.00 for the **Hepatitis B** vaccine (**Hep B**)*
- ☐ I agree to pay \$68.00 for the **Hepatitis A Hepatitis B Combo** vaccine*
- ☐ I agree to pay \$150.00 for the **Human Papilloma** vaccine (**HPV**)*
- ☐ I agree to pay \$38.00 for the **Inactivated Polio** vaccine (**IPV**)
- ☐ I agree to pay \$65.00 for the **Measles, Mumps, Rubella** vaccine (**MMR**)
- ☐ I agree to pay \$120.00 for the **Meningococcal Conjugate** vaccine (**MCV4**)
- ☐ I agree to pay \$130.00 for the **Meningococcal Polysaccharide** vaccine (**MPV**)
- ☐ I agree to pay \$35.00 for the **Tetanus Diphtheria** vaccine (**Td**)
- ☐ I agree to pay \$51.00 for the **Tetanus, Diphtheria** and **Pertussis** vaccine (**Tdap**)
- ☐ I agree to pay \$55.00 for the **oral Typhoid** vaccine
- ☐ I agree to pay \$75.00 for the **injectable Typhoid** vaccine
- ☐ I agree to pay \$95.00 for the **Varicella** vaccine*
- ☐ I agree to pay \$97.00 for the **Yellow Fever** vaccine
- ☐ I agree to pay \$182.00 for the **Herpes Zoster** vaccine
- ☐ I agree to pay \$600.00 (\$200.00 X 3) for the **Rabies Pre-Exposure** vaccine
- ☐ I agree to pay \$5.00 for a Yellow Fever **replacement card**

*Please note these prices are per injection, some vaccines require multiple doses

Client Name (Please Print)

Date of Birth

Signature

Date